

## Instructions

### Infant Consent to Release Protected Health Information

I405 (11-01-15)

*These instructions are intended to clarify data fields that users have asked about in the past and to provide definitions for other fields to ensure that all users are interpreting them in the same way. If you have any questions about these instructions or think further instructions are needed, please contact Deb Marciniak at [marciniakd1@michigan.gov](mailto:marciniakd1@michigan.gov) or 517 324-8314.*

In the case of multiples, complete a separate consent form for each infant.

Explain how MIHP would share beneficiary's protected health information as described at the top of this form.

#### **Authorizing Other Parties to Receive Protected Health Information (PHI)**

- I authorize the MIHP agency ( \_\_\_\_\_ ) to share my health information with other parties as specified below: Make sure that your agency name is inserted here. You may not cross out the name of another agency and write in the name of your agency. You may prepopulate this field.
- Check the first check box if the infant's PHI may be shared. Check the second check box if the legal representative's PHI may be shared.
  - If neither box is checked, skip to the last bullet in this section of these instructions.
  - If both boxes are checked, any information in the infant's chart may be shared with any of the parties listed in the grid.
  - If only the infant's box is checked, the legal representative's information may not be shared with any of the parties listed in the grid.
  - If both of the boxes are checked, but the legal representative does not want his or her PHI shared with all of the parties listed in the grid, the parties with whom it may not be shared must be clearly designated.
- In the grid on the second half of the page, insert the names of the parties with whom PHI may be shared:
  - Insert the infant's medical care provider's name on the first line. If the infant does not have a medical care provider at the time of MIHP enrollment, add the name to the form at a later date and ask the legal representative to date and initial it. If the infant's medical care provider changes during the course of care, add the name of the new provider to the infant's medical care provider section of the grid and ask the legal representative to date and initial it. Also, document that the beneficiary is no longer seeing the first medical care provider to ensure that PHI is not sent to this party.

- Insert the legal representative's medical care provider's name.
- Insert the names of other providers on the remaining lines. You may prepopulate the grid with the names of the other providers to which beneficiaries are most likely to be referred (e.g., WIC, MDHHS, CMH, lactation consultant, food bank, *Early On*, etc.).
- Ask the legal representative to verify each party with whom information may be shared by providing the date (in the second column) and her initials (in the third column). This must be done separately for each party. She may not date and initial one party and draw arrows to indicate that the same date and initials also apply to other parties.
- Explain the seven numbered items beginning at the bottom of page 1 to the legal representative.
- Ask the legal representative to check one of the boxes: I DO or I DO NOT consent to the release of protected health information as specified in this form. You may not prepopulate this field, unless you present the legal representative with two separate forms, one checked "I DO" and one checked "I DON'T." You may check the box for the legal representative while the two of you are discussing and completing this document.

### Signatures Section

- Infant Beneficiary Name: Print the name of the infant beneficiary.
- Legal Representative Name: Print the name of the legal representative. An infant beneficiary will always have a legal representative, so this field must always be completed. Most often, the legal representative will be the biological mother, but alternatively it may be the biological father, other relative, guardian, or foster parent. If the mother is under 12 years of age, or is incapacitated and has a guardian, she is considered to be the infant's legal representative, unless court action has been taken.
- Legal Representative Relationship to Infant Beneficiary: Write "mother," "father," other relative (specify), "guardian", or "foster parent."
- Signature of Legal Representative and Date: Ask the legal representative (as defined above) to sign here and document date of signature. The signature date cannot be after the date that the *Risk Identifier* is administered. If the representative cannot sign her name, ask her to sign her mark.
- Signature of MIHP RN or SW: The RN or SW signs here, with credentials, and documents the date of signature. The signature date cannot be after the date that the *Risk Identifier* is administered.